

## FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

**Legal Business Name of**

**Respondent:**

The Heidi Group / Women's Wellness Coalition

**Clinic Site #** 19 **of** 24

B&W Healthcare Associates

Appropriate signage to identify funded entity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Space for clinical and administrative staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Locked storage for charts, records, medications and medical supplies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper disposal for medical waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CLIA certification for level of tests performed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap-accessible clinic sites that are geographically close to target population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate emergency policies/procedures and supplies as applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of interpreter services and language translation (including resources for both)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Compliance with ADA requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial management systems including secure data storage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

**Legal Business Name of Respondent:** The Heidi Group / Women's Wellness Coalition

**Clinic Site #** 19 **of** 24

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

**All information must be accurate.\***

Clinic Name:	B&W Healthcare Associates			
Street Address:	400 W Plummer			Suite :
City:	Eastland	County:	Eastland	Zip Code: 76448      HSR:
Clinic APPOINTMENT Phone #: 254-629-1744				
Clinic PRIMARY Phone #: 254-629-1744			Fax: 254-620-3904	
Service Area Eastland, Stephens, Comanche <i>(counties to be served):</i>				
Contact Person: Laura Ojeda				
Pharmacy License #:	NA	Class:	NA	
TPI#:	1855967-02	NPI#:	1265695290	
Submission date of Medicaid Application:				
Subcontractor Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

### CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30	12	1:30	5		
TUESDAY	8:30	12	1:30	5		
WEDNESDAY	8:30	12	1:30	5		
THURSDAY	8:30	12	1:30	5		
FRIDAY	8:30	12	1:30	5		
SATURDAY						
SUNDAY						
<b>TOTAL HRS/MONTH</b>	70		70			

## FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

**Legal Business Name of**

**Respondent:**

The Heidi Group / Women's Wellness Coalition

**Clinic Site #** 20 **of 24** \_\_\_\_\_

Michael A. McFarland, M.D.

Appropriate signage to identify funded entity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Space for clinical and administrative staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Locked storage for charts, records, medications and medical supplies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper disposal for medical waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CLIA certification for level of tests performed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap-accessible clinic sites that are geographically close to target population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate emergency policies/procedures and supplies as applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of interpreter services and language translation (including resources for both)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Compliance with ADA requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial management systems including secure data storage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

**Legal Business Name of Respondent:** The Heidi Group / Women's Wellness Coalition

**Clinic Site #** 20 **of** 24

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

**All information must be accurate.\***

Clinic Name:	Michael A. McFarland, M.D.			
Street Address:	1105 Oak Street			Suite : A
City:	Jourdanton	County: Atascosa	Zip Code: 78026	HSR: 8, 11
Clinic APPOINTMENT Phone #: 830-769-2181				
Clinic PRIMARY Phone #: 830-769-2181			Fax: 830-769-2858	
Service Area Atascosa, McMullin, Wilson, Bexar <i>(counties to be served):</i>				
Contact Person: Melinda Alaniz				
Pharmacy License #:	NA	Class:	NA	
TPI#:	1355208-01	NPI#:	1407934797	
Submission date of Medicaid Application:				
Subcontractor Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

### **CLINIC HOURS**

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30	12	1:30	5		
TUESDAY	8:30	12	1:30	5		
WEDNESDAY	8:30	12	1:30	5		
THURSDAY	8:30	12	1:30	5		
FRIDAY	8:30	12	1:30	5		
SATURDAY						
SUNDAY						
<b>TOTAL HRS/MONTH</b>	70		70			

## FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

**Legal Business Name of**

**Respondent:**

The Heidi Group / Women's Wellness Coalition

**Clinic Site #** 21 **of 24**

Rio Grande Women's Clinic - Alamo

Appropriate signage to identify funded entity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Space for clinical and administrative staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Locked storage for charts, records, medications and medical supplies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper disposal for medical waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CLIA certification for level of tests performed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap-accessible clinic sites that are geographically close to target population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate emergency policies/procedures and supplies as applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of interpreter services and language translation (including resources for both)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Compliance with ADA requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial management systems including secure data storage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

**Legal Business Name of Respondent:** The Heidi Group / Women's Wellness Coalition

**Clinic Site #** 21 **of** 24

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

**All information must be accurate.\***

Clinic Name:	Rio Grande Women's Clinic - Alamo			
Street Address:	427 E Duranta Avenue			Suite : 108
City:	Alamo	County:	Hidalgo	Zip Code: 78516      HSR: 11
Clinic APPOINTMENT Phone #: 956-632-6193				
Clinic PRIMARY Phone #: 956-632-6193				Fax:
Service Area Hidalgo <i>(counties to be served):</i>				
Contact Person: Yoli Cavazos				
Pharmacy License #:		6693	Class: CS	
TPI#:		070794504	NPI#:	
Submission date of Medicaid Application:				
Subcontractor Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

### CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5		
TUESDAY	8:00			5		
WEDNESDAY	8:00			5		
THURSDAY	8:00			5		
FRIDAY	8:00			5		
SATURDAY						
SUNDAY						
<b>TOTAL HRS/MONTH</b>	180					

## FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

**Legal Business Name of**

**Respondent:**

The Heidi Group / Women's Wellness Coalition

**Clinic Site #** 22 **of 24**

Rio Grande Women's Clinic - Edinburg

Appropriate signage to identify funded entity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Space for clinical and administrative staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Locked storage for charts, records, medications and medical supplies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper disposal for medical waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CLIA certification for level of tests performed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap-accessible clinic sites that are geographically close to target population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate emergency policies/procedures and supplies as applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of interpreter services and language translation (including resources for both)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Compliance with ADA requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial management systems including secure data storage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

**Legal Business Name of Respondent:** The Heidi Group / Women's Wellness Coalition

**Clinic Site #** 22 **of** 24

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

**All information must be accurate.\***

Clinic Name:	Rio Grande Women's Clinic - Edinburg			
Street Address:	2502 E. Richardson Rd.			Suite :
City:	Edinburg	County:	Hidalgo	Zip Code: 78542      HSR: 11
Clinic APPOINTMENT Phone #: 956-380-4477				
Clinic PRIMARY Phone #: 956-380-4477			Fax:	
Service Area Hidalgo <i>(counties to be served):</i>				
Contact Person: Matt Wolthoff				
Pharmacy License #:		6693	Class: CS	
TPI#:		311938001	NPI#:	
Submission date of Medicaid Application:				
Subcontractor Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

### **CLINIC HOURS**

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5		
TUESDAY	8:00			5		
WEDNESDAY	8:00			5		
THURSDAY	8:00			5		
FRIDAY	8:00			5		
SATURDAY						
SUNDAY						
<b>TOTAL HRS/MONTH</b>	180					

## FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

**Legal Business Name of Respondent:** The Heidi Group / Women's Wellness Coalition

**Clinic Site #** 23 **of 24** \_\_\_\_\_ **Rio Grande Women's Clinic - La Joya**

Appropriate signage to identify funded entity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Space for clinical and administrative staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Locked storage for charts, records, medications and medical supplies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper disposal for medical waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CLIA certification for level of tests performed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap-accessible clinic sites that are geographically close to target population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate emergency policies/procedures and supplies as applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of interpreter services and language translation (including resources for both)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Compliance with ADA requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial management systems including secure data storage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

**Legal Business Name of Respondent:** The Heidi Group / Women's Wellness Coalition

**Clinic Site #** 23 **of** 24

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

**All information must be accurate.\***

Clinic Name:	Rio Grande Women's Clinic - La Joya			
Street Address:	1/4 Mile W. Buena Vista & Hwy 83			Suite :
City:	La Joya	County:	Hidalgo	Zip Code: 78560      HSR: 11
Clinic APPOINTMENT Phone #: 956-583-2646				
Clinic PRIMARY Phone #: 956-583-2646      Fax:				
Service Area      Hidalgo <i>(counties to be served):</i>				
Contact Person: Matt Wolthoff				
Pharmacy License #:		6693	Class: CS	
TPI#:		171118602	NPI#:	
Submission date of Medicaid Application:				
Subcontractor Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

### CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5		
TUESDAY	8:00			5		
WEDNESDAY	8:00			5		
THURSDAY	8:00			5		
FRIDAY	8:00			5		
SATURDAY						
SUNDAY						
<b>TOTAL HRS/MONTH</b>	180					

## FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

**Legal Business Name of Respondent:** The Heidi Group / Women's Wellness Coalition

**Clinic Site #** 24 **of 24** \_\_\_\_\_ **Rio Grande Women's Clinic - McAllen**

Appropriate signage to identify funded entity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Space for clinical and administrative staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Locked storage for charts, records, medications and medical supplies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper disposal for medical waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CLIA certification for level of tests performed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap-accessible clinic sites that are geographically close to target population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate emergency policies/procedures and supplies as applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of interpreter services and language translation (including resources for both)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Compliance with ADA requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial management systems including secure data storage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

**Legal Business Name of Respondent:** The Heidi Group / Women's Wellness Coalition

**Clinic Site #** 24 **of** 24

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

**All information must be accurate.\***

Clinic Name:	Rio Grande Women's Clinic - McAllen			
Street Address:	222 E Ridge Road			Suite : 101
City:	McAllen	County:	Hidalgo	Zip Code: 78501      HSR: 11
Clinic APPOINTMENT Phone #: 956-632-6032				
Clinic PRIMARY Phone #: 956-632-6032			Fax:	
Service Area Hidalgo <i>(counties to be served):</i>				
Contact Person: Matt Wolthoff				
Pharmacy License #:		6693	Class: CS	
TPI#:		112716904	NPI#:	
Submission date of Medicaid Application:				
Subcontractor Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

### **CLINIC HOURS**

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5		
TUESDAY	8:00			5		
WEDNESDAY	8:00			5		
THURSDAY	8:00			5		
FRIDAY	8:00			5		
SATURDAY						
SUNDAY						
<b>TOTAL HRS/MONTH</b>	180					